

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1400 WEST WASHINGTON, ROOM 240
PHOENIX, AZ 85007
www.vetboard.az.gov
TELEPHONE (602) 364-1PET FAX (602) 364-1039

INSPECTION REPORT

Premise Name: _____ Premise # _____
Premise
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Mailing
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: (____) _____ Business Hours: _____
Responsible Veterinarian: _____
License No. _____

REASON FOR INSPECTION

New	Responsible Vet	Owner	Address Change
Change of Service Scope	Complaint		Other

PREMISE TYPE

Clinic (no housing)	Hospital (housing)	Vaccination Clinic
Mobile Unit	Mobile Clinic	Emergency Clinic 24 hour
Specialty	Spay/Neuter Clinic	Other

TYPE OF PRACTICE

Small Animal	Large Animal	Avian	Exotic	Other
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SERVICES OFFERED

(USE AN "0" IF OTHER CLINIC IS USED)

Housing	Surgery	Radiology	Diagnostics	Pharmacy
Boarding	Transporting	Grooming	Emergency	Other

INSPECTION REPORT

EXAMINATION ROOMS	RULE	COMPLIANCE
1. Are the tables used for examination made of nonporous material?	R3-11-701(3)	YES/NO
2. Is disinfectant used in the exam rooms?		YES/NO

BUILDINGS AND GROUNDS

1. Is there a sign identifying the premise?	R3-11-701(2)	YES/NO
2. Are the hours of operation on the sign?	R3-11-701(2)	YES/NO
3. Is the facility open at night? If yes, is the sign lighted at night?	R3-11-701(2)	YES/NO
4. Are the grounds and premise free from refuse?	R3-11-703(2)	YES/NO
5. Are the exits and entrances safe and unobstructed?	R3-11-703(1)	YES/NO
6. Is the temperature (65° F - 90° F) ventilation comfortable?	R3-11-703(3)	YES/NO
7. Are floors, counters tables and other equipment made of material that can be disinfected and is non-porous?	R3-11-703(4)	YES/NO

EMERGENCY CARE

1. Does the facility provide after hours emergency care?	R3-11-502(B)	YES/NO
2. Are there provisions to direct clients to emergency care when the vet is not available (answering machine/service)?	R3-11-502(B)	YES/NO
3. Are copies of medical records and x-rays released to the owner or his agent if requested?	R3-11-501(8)	YES/NO

PRACTICE MANAGEMENT

1. Is the owner given after care instructions?	R3-11-502(E)	YES/NO
2. Is there written notice to the owner that trained personnel will not attend boarded or hospitalized animals beyond regular office hours?	R3-11-502(A)	YES/NO
Does a staff member or veterinarian live on the premise?	R3-11-502(A)	YES/NO
3. Are estimates of the cost of services provided to the owner?	R3-11-502(C)	YES/NO
4. Is the owner's permission for euthanasia of the patient written/oral?		
If oral, then witnessed by 1 other person?	R3-11-502(F)	YES/NO
5. Are the rules and statutes available?		YES/NO

INSPECTION REPORT

<u>HOUSING</u>	<u>RULE</u>	<u>COMPLIANCE</u>
1. Are the individual cages, compartments & kennel runs with latches that allow for patient comfort?	R3-11-701(7)	YES/NO
2. Are the procedures for separating contagious or suspected contagious animals?	R3-11-502(G)	YES/NO

SANITATION

1. Is there a refrigerator/freezer for animals pending necropsy or disposal pick-up?	R3-11-701(5)	YES/NO
2. Is there storage and disposal for hazardous waste?	R3-11-701(6)	YES/NO
3. Is there hot and cold water?	R3-11-701(4)	YES/NO

SURGERY

1. The number of surgery packs	<input type="text"/>	
2. Are instruments and supplies properly sterilized?	R3-11-704(2)	YES/NO
3. Are caps and masks available?	R3-11-704(1)	YES/NO
4. Are gowns, gloves, drapes and sponges sterilized?	R3-11-704	YES/NO
5. If general anesthetic is administered; is oxygen available?	R3-11-704(3)	YES/NO
6. Is there a surgery light?	R3-11-704(5)	YES/NO
7. Is there emergency lighting available?	R3-11-704(6)	YES/NO
8. Have expired supplies been removed?	R3-11-502(D)	YES/NO
9. Are there procedures used to visually monitor the patient's recovery until extubation and able to swallow?	R3-11-502(H)(4)	YES/NO
10. Is there an anesthetic log?	R3-11-502(H)(5)	YES/NO
11. Does the anesthetic log contain?	R3-11-502(H)(5)	
A. Animal's name and species?		YES/NO
B. Owner's name?		YES/NO
C. Date of anesthetic procedure?		YES/NO
D. Recovery status?		YES/NO
E. Name of veterinarian administering the anesthetic?		YES/NO

INSPECTION REPORT

<u>CONTROLLED SUBSTANCES</u>	<u>RULE</u>	<u>COMPLIANCE</u>
1. Are controlled substances under lock and key except when personnel authorized by the responsible veterinarian are present?	R3-11-805(A)	YES/NO
2. Have the expired drugs been removed?	R3-11-502(I)(2)	YES/NO
If expired drugs are present have DEA forms been filled out?		YES/NO
3. A separate inventory log for controlled substances by drug name and strength?	R3-11-502(K)(2)	YES/NO
A. Includes the amount received?		YES/NO
B. Includes the date received?		YES/NO
C. Includes the name of the distributor?		YES/NO
D. Includes the invoice number?		YES/NO
4. A separate dispensing log for controlled substances by drug name and strength?	R3-11-502(K)(3)	YES/NO
A. Includes the amount used?		YES/NO
B. Name of the animal?		YES/NO
C. Name of the owner?		YES/NO
D. Date dispensed/used?		YES/NO
E. Name of veterinarian?		YES/NO
5. Whose DEA number is used for purchasing controlled substances?		

PHARMACY

1. Is the owner notified that some prescriptions only and controlled products may be available at a pharmacy?		
Verbally / visibly posted / written	R3-11-801(A)(1-3)	YES/NO
2. Are prescription blanks available?	R3-11-801(B)	YES/NO
3. Are child proof containers available?	R3-11-803(A)(B)	YES/NO
4. Are there labels?	R3-11-802	YES/NO
5. Does the label contain?	R3-11-802	
A. Name and telephone number of the premise?		YES/NO
B. Dispensing veterinarian's name & address?		YES/NO
C. Directions for use & cautionary statements?		YES/NO
D. Strength & quantity?		YES/NO
E. Animal's name and owner's name?		YES/NO
F. Date dispensed?		YES/NO
6. Are prescription-only drugs stored in an area not accessible to the public unless accompanied by staff or the veterinarian?	R3-11-805(C)	YES/NO
7. Have expired prescription-only drugs been destroyed within 30 days of expiration or returned to distributor/manufacturer?	R3-11-502(J)(2)	YES.NO

INSPECTION REPORT

RADIOLOGY	RULE	COMPLIANCE
1. Are radiographs permanently labeled?	R3-11-502(M)	YES/NO
2. Does the label contain?	R3-11-502(M)(1-5)	
A. Animal's name and owner's name?		YES/NO
B. Date and anatomical orientation?		YES/NO
C. Name of veterinarian or premise?		YES/NO

EQUIPMENT

1. Does the responsible vet understand that they are to ensure that the proper equipment and supplies are available on the premises in adequate number and type to provide for medical services offered?	R3-11-702	YES/NO
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MEDICAL RECORDS

A. How many records were reviewed?	<input type="text"/>	
1. Is the name of the owner, address and telephone in the medical record?	R3-11-502(L)(1)	YES/NO
2. Is the breed, weight, sex, description, and age in the medical record?	R3-11-502(L)(2)	YES/NO
3. Is the date of service documented?	R3-11-502(L)(3)	YES/NO
4. Is the temperature, heart rate, respiration rate, general condition and the examination results documented?	R3-11-502(L)(4)	YES/NO
5. Is the diagnosis documented?	R3-11-502(L)(4)	YES/NO
6. Is treatment documented?	R3-11-502(L)(5)	YES/NO
7. Is the name of the medication administered, the amount given, the dosage and frequency given documented?	R3-11-502(L)(6)	YES/NO
8. Is the name of the medication prescribed, the dosage, the amount prescribed and the frequency documented?	R3-11-502(L)(7)	YES/NO
9. Is the name and results on in house diagnostics and outside lab tests documented?	R3-11-502(L)(8)	YES/NO
10. Is the signature or initials of the person making the entry documented on the medical record?	R3-11-502(L)(9)	YES/NO
11. Is the signature or initials of the veterinarian performing the services documented on the medical record?	R3-11-502(L)(10)	YES/NO
12. Is the heart rate and respiration rate during anesthesia in 15 minute intervals documented?	R3-11-502(H)(3)	YES/NO
13. Within 6 hours of surgery, is the animal's temperature, heart rate, respiration rate, diagnosis and general condition documented?	R3-11-502(H)(2)	YES/NO

INSPECTION REPORT

MOBILE CLINICS (designed to function as a self contained clinic R3-11-101(13))

Additional requirements for mobile clinics

1. Electrical power source?	R3-11-705(B)(1)	YES/NO
2. A separate storage space for hazardous waste?	R3-11-705(B)(2)	YES/NO
3. A separate storage space for transportation of deceased animals?	R3-11-705(B)(3)	YES/NO
4. Vehicle license number		
5. List any other premises used:		

MOBILE UNITS (not designed to function as a self contained clinic from which out-patient services are delivered to temporary sites R3-11-101(14))

LIST THE FIXED PREMISE FOR THE MOBILE UNIT:

<u>Additional requirements for mobile units</u>	<u>RULE</u>	<u>COMPLIANCE</u>
1. Controlled substances and prescription-only drugs are accessible only by authorized personnel?	R3-11-706(1)	YES/NO
2. Drugs and products are stored at temperatures according to manufacturer's labeling?	R3-11-706(2)	YES/NO
3. Sterile surgical supplies and equipment are stored to remain sterile?	R3-11-706(3)	YES/NO
4. Vehicle license number for mobile unit(s):		

5. List other premises used and procedures done at other premise(s):

INSPECTION REPORT

Additional requirements for mobile units cont'd

6. List surgeries conducted in the field: _____

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INSPECTON REPORT

Potential Violations

RULE	POTENTIAL VIOLATION

The undersigned was given a copy of the inspection results and/or the inspector discussed the inspection results;

Investigator _____ Date _____

Veterinarian/agent _____ Date _____

If the responsible veterinarian was not present during the inspection he/she should contact the board investigator at (602)542-8605 to complete the inspection process.

Telephone conversation with responsible veterinarian:

DATE: _____

I have received a copy of the inspection report: _____

Inspection criteria is generalized and not all aspects or requirements may be required for the scope of the practice you provide.